

Applicant or Patentee: Carolyn W. Hall Charles A. Shields Attorney's Pocket No.: HALL-101
Serial No. or Patent No.: _____
Filed or Issued: _____
For: METHOD AND APPARATUS FOR BEHAVIORALLY REINFORCED TRAINING WITH GUIDED PRACTICE

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9 (f) AND 1.27 (b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled METHOD AND APPARATUS FOR BEHAVIORALLY REINFORCED TRAINING WITH GUIDED PRACTICE described in

- (☒) the specification filed herewith
(☐) application serial no. _____, filed _____
(☐) patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights to the invention is listed below:

- (x) no such person, concern, or organization
() persons, concerns, or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Full Name: _____

Address: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Full Name: _____

Address: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Full Name: _____

Address: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 19 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Inventor: Carolyn W. Hall Signature of Inventor: Date: 3/2/01

Name of Inventor: Charles A. Shields Signature of Inventor:  Date: 3-17-01

Name of Inventor: _____ Signature of Inventor: _____ Date: _____

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR BEHAVIORALLY REINFORCED TRAINING WITH GUIDED PRACTICE

the specification of which (check one) :

☒ [X] is attached hereto. ☐ [] was filed on _____ as Application Serial No: _____; amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a) - (d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Date Filed	Priority Claimed	
_____ (Number)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> []	<input type="checkbox"/> [] YES NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> []	<input type="checkbox"/> [] YES NO

I hereby claim the benefit under Title 35, USC §119(e) of any United States provisional application(s) listed below:

Entitled:

Owned By:

Attorney Docket No:

Application Number

Filing Date

Application Number

Filing Date

T04T60 26580850

I hereby claim that the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application No.)	_____ (Filing Date)	_____ (Patented/pending/abandoned)
_____ (Application No.)	_____ (Filing Date)	_____ (Patented/pending/abandoned)
_____ (Application No.)	_____ (Filing Date)	_____ (Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Robert K. Tendler, Esq.

Reg. No. 24,581

Address all correspondence to:

**ROBERT K. TENDLER, ESQ.
65 ATLANTIC AVENUE
BOSTON, MA 02110
(617) 723-7268**

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor:			
Carolyn W. Hall			
Residence	State or Country	Country of Citizenship	City of
West Friendship,	MD	U.S.A.	
Post Office Address	City	State or Country	Zip Code
13124 Fox Path Lane	West Friendship,	MD	21794
Signature: <i>(Please sign and date in permanent ink.)</i>		Date Signed:	
<i>Carolyn W. Hall</i>		<i>3/12/01</i>	
X		X	

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Full Name of Third Joint Inventor:			
City of Residence	State or Country	Country of Citizenship	
Post Office Address	City	State or Country	Zip Code
Signature: (Please sign and date in permanent ink.)		Date Signed:	
X		X	